



CAPITAL KIDS SPRING 2018

Thank you for entrusting your child(ren) with the Capital Kids Enrichment Program.

Our program receives federal funding from the Community Development Block Grant (CDBG) federal funds. It is their requirement that we show documentation for the population that we enroll in our program. You will be required to attach with your application a copy of your previous years 1040 IRS tax form. If you are married and file separately, a copy of your spouse's 1040 IRS tax form must be attached as well. If you don't receive a W2 we will need something that shows your income from the previous year. Your information will be safely guarded at the program site.

Income Eligibility

This program is open to families that meet the following Income Guidelines. Over income applicants will be accepted up to 49% of total enrollment.

Family Size	Income Amounts		
2 person	\$ 24,690		
3 person	\$ 31,170		
4 person	\$ 37,650		
5 person	\$ 44,130		
6 person	\$ 50,610		
7 person	\$ 57,090		
8 person	\$ 63,570		
***If your annual 2017 income is not listed above please list it here:			

Registration

All applications must have the following in order to register:

- A copy that can be kept of the first two pages of your 2017 Federal 1040 tax form that you filed with the IRS. If your filing status was "Married Filing Separately," a copy of your spouse's 2017 Federal 1040 tax form must be submitted as well.
- A completed and legible copy of the application for the program. No previous years applications will be accepted.
- A signed copy of the Parent Agreement stating you have received a copy of the Parent Handbook.
- Payment must accompany the application. When registering multiple participants from the same family your site director may offer payment options for you. In addition, our department offers scholarships through our P.L.A.Y. program that may offset some of this cost for those who qualify. That application is attached with your application.

Thank you for choosing the Capital Kids program for your child(ren). PLEASE RETURN THIS APPLICATION TO THE SITE DIRECTOR AT THE SITE YOU ARE APPLYING TO.

If you have any questions or comments regarding the application process please contact your site director or you may contact the program director at 614.645.3330 or by email at slwynn@columbus.gov.





2018 Fees

Spring Camp \$ 55.00 Summer Camp \$100.00 School Year \$ 75.00

Ask if you qualify for the P.L.A.Y grant

2018 Spring Camp Registration Form

A PROGRAM OF COLUMBUS RECREATION AND PARKS DEPARTMENT

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE PROGRAM SITE (CIRCLE ONE):

BEATTY FEDDERSEN MARION FRANKLIN

TOTAL # IN THE FAMILY YEARLY	TAL # IN THE FAMILY YEARLY INCOME \$			(AGI – ADJUSTED GROSS INCOME FROM FEDERAL TAX FORM 1040)			
CHILD RESIDES PRIMARILY WITH: (CIRCLE ONE)	MOTHER FAT	HER BOTH	GUARDIAN	OTHER			
PARENT/GUARDIAN INFORMATION							
Parent #1 Name:							
Address	City	FIRST State	_ Zip code	MIDDLE			
Home phone () Work phone: () Cell phone () E-mail Circle which telephone number we can reach you at during the hours of 9am-6pm							
Parent #2 Name:							
Cell phone ()	<u> </u>	FIRST		MIDDLE			
PARTICIPANT #1							
Child's name		Male/Female(circle or	e) Grade in fall				
Birth date:// Age: Health Conditions (circle all that apply):	SC11001	reacher					
Speech Impairment Hearing Impairment ADD ADHD ODD Bleeding/Clotting Allergy restrictions Treat Activities to be encouraged or limited:	ent Vision Impairm Disorders Convulsions ment for allergies	nent Asthma Frequent Ear Inflectio Medicatio	Diabetes Hypons Insect stings and ns	peractivity hay fever			
Activities to be encouraged or limited:		Other health infor	mation:				
Food allergies:	* <u>Medical informati</u>	on must be accurate. We are	not to dispense medicin	<u>e to participants.</u>			
THIS PROGRAM IS SUPPORTED BY THE CITY OF COLUMBUS, COMMUNITY DEVELOPMENT BLOCK GRANT. WE ARE REQUIRED TO REPORT THE FOLLOWING INFORMATION ABOUT THE FAMILIES THAT RECEIVE THIS SERVICE. ALL AREAS MUST BE FILLED IN.							
ETHNICITY: Please check the categories your child is identified as (You can circle more than one) American Indian Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander Hispanic/Latino White/Caucasian Other Continents:							
PARTICIPANT #2							
Child's name	FIRST	Male/Female(circle or	e) Grade in fall_				
Birth date:// Age: Health Conditions (circle all that apply):							
Speech Impairment Hearing Impairment ADD ADHD ODD Bleeding/Clotting Allergy restrictions Treat	Disorders Convulsions ment for allergies	Frequent Ear Inflection Medicatio	ons Insect stings and ns				
	ctivities to be encouraged or limited:Other health information:						
Food allergies:* Medical information must be accurate. We are not to dispense medicine to participants.							
EMERGENCY CONTACTS (OTHER THAN PARENTS)							
NAME	Home P	hone Cell Pho	ne Work Phon	e Relationship			
I							
2							
I.D. is required when first picking up the child							

(You must complete all sections of either Part 1 or Part 2 of this section. Do not complete both) Part 1: Permission to transport child: In the event of an emergency, I _ hereby give the Emergency Medical Service (EMS) permission to take my child to the following medical and dental facilities or to the nearest available source of help.. I understand that staff will give children basic first aid when necessary. Parent/Guardian signature Date Part 2: Refusal to give permission to transport child. I ___ **_DO NOT** give permission to take my child to a medical or dental facility. I understand that staff will give participants basic first aid when necessary, but if an illness or injury requires emergency treatment, please do the following: ______ Parent/Guardian signature Does your child have health insurance coverage such as Medicaid, Healthy Start, or private insurer? Yes ___ No____ INFORMATION/PHOTOGRAPHY RELEASE The staff, the media, and programming partners with permission from the City of Columbus Recreation and Parks Department, may photograph or videotape **my child** for educational and public relations purposes. Signature The staff, the media, and programming partners with permission from the City of Columbus Recreation and Parks Department, may photograph or videotape **me** for educational and public relations purposes. Signature Date FIELD TRIP. ROUTINE AND ACTIVITY RELEASE I give permission for my child to participate in all field trips, routine trips, and activities offered by the Capital Kids Program for enrichment purposes. These trips may include skating, bowling, swimming, walks to parks and/or libraries or other places close to the center. I understand while staff attempts to tell parents when they will leave for a trip, sometimes trips are spontaneous, and parents cannot be told in advance. The Rec Center staff will always know when the group left and when to be expected back. I also authorize the City of Columbus to do everything necessary to make sure of my child's health and safety in case of an emergency. I agree to not hold the City of Columbus, staff and sponsors of the program

responsible for property damage or injury that results from my child's participation in this program.

Signature ______ Date _____

CAPITAL KIDS EMERGENCY MEDICAL AUTHORIZATION

THE CAPITAL KIDS ENRICHMENT PROGRAM Spring Camp Program 2018

I, the Parent/Guardian agree to the following:

- I will regularly check the Parent/Guardian Corner to learn of current events or any changes in the Capital Kids program.
- I know parents are always welcome at Capital Kids. I know I may come and sign my child out at any time
 during the program, however, if possible, I will notify the site director in advance so they can alter meal and
 field trip counts.
- It is expected that participants will attend every day, I will inform the site director or leave a message at the site if my child is not attending the program on that day. My child may be dismissed from the program if I do not contact Capital Kids or if there are excessive absences.
- I know the Camp Capital Kids ends at **5:00pm.** I will do everything I can to make sure my child is picked up by 5:00pm. If I have an urgent situation, it is my responsibility to call the Capital Kids site director. In the event that contact is not made and staff is not able to reach you nor anyone on the emergency contact list, they will contact the Columbus Police Department to escort the child(ren) to Franklin County Children Services. If recovery of your child is necessary, that location is 525 E. Mound Street, Columbus, Ohio, 614.229.7100. If your child is taken to FCCS, we will discuss a plan so it doesn't occur again. A late pick up fee will apply. The fee is \$1 per minute after pick up time and is due within two weeks from the occurrence. You will not be able to register for future sessions of our program if there is an outstanding balance. Please be considerate of our staff who have families as well.
- If my child is posing serious or recurring discipline problems, he/she may be suspended or removed from the program. If your child is removed, Capital Kids staff will decide if my child can come back to the program at a later date.
- Parent conferences with Capital Kids staff are welcome and encouraged. If I would like such a conference,
 I will contact the staff. Capital Kids staff will reach out to me if on their end a conference is needed.
- Volunteer opportunities do exist with our program, however, all volunteers complete a department background check. If you are interested in volunteering with our program (accompanying on field trips, tutoring, gardening, etc.) please let your site director know and also please go to this website to submit your information: www.opportunities.averity.com/crpd.
- I will keep the Site Director informed of any changes in the registration information. (i.e. address, telephone numbers, etc.)
- If I have any serious concerns relative to staff or program site, I will contact the Program Director at 614.645.3330 or by email at slwynn@columbus.gov.
- I have received a copy of the Parent Handbook. It is my responsibility to read it. I agree to follow all the requirements listed above, as well as all the rules in the Program Handbook.

Parent/Guardian Signature	Date	
•		Page 4 of 4
Name(s) of enrolled children		